

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER Grant County Review		2. DATE 9.12.19
3. FREQUENCY OF ISSUE Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION PRICE \$ \$38 and \$48
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO Box 390, Milbank, SD 57252		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 390, Milbank, SD 57252		
6. FULL NAME OF PUBLISHER: Grant County Review Inc.		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME Grant County Review Inc. COMPLETE MAILING ADDRESS PO Box 390, Milbank, SD 57252		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	3512	3512
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	619	619
2. Mail Subscription (Paid and or requested)	2297	2297
3. Paid Electronic Copies	170	162
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	3086	3078
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	51	51
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	2	2
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	3139	3131
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	193	193
2. Return from News Agents	180	188
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	3512	3512

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

Holly Seehafer
(Signature)

Co-owner
(Title)

State of South Dakota)
County of Grant)

Sworn to before me this 11 day of Sept, 2019
Holly A Riley
Notary Public

My commission expires: _____



HOLLY A. RILEY
My Commission Expires October 12, 2022.

Debra Hemmer
513 S Grant St
Milbank, SD 57252

Holli Sechafer
14557 472nd Ave
Twin Brooks, SD 57269

